



VER & REF
Room 807
PATENT
6501-1046

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of

Anthony William GOODYER

Conf. 4840

Application No. 10/527,407

Group 1711

Filed March 11, 2005

Examiner unknown

APPARATUS INCLUDING A TREATMENT
STATION FOR INK ON A PAPER OR OTHER
SUBSTRATE

SMALL ENTITY CLAIM AND REQUEST FOR REFUND

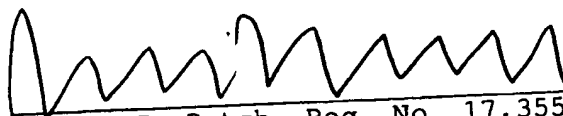
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby claims small entity status under 37
CFR 1.9 and 37 CFR 1.27 and requests that 1/2 of the original
filing fee, namely \$515 be credited to Deposit Account No. 25-
0120 as this claim is filed within the three-month term.

Respectfully submitted,

YOUNG & THOMPSON


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RJP/tl

June 13, 2005

Repl. Ref: 08/05/2005 RWHITE1 0016141200
DAH:250120 Name/Number:10527407
FC: 9204 \$515.00 CR

Adjustment date: 08/05/2005 RWHITE1
03/21/2005 SNAJARRO 00000051 10527407
01 FC:1631 -300.00 OP
02 FC:1633 -200.00 OP
03 FC:1642 -400.00 OP
04 FC:1617 -130.00 OP
08/05/2005 RWHITE1 00000001 10527407
01 FC:2631 150.00 OP
02 FC:2633 100.00 OP
03 FC:2642 200.00 OP
04 FC:2617 65.00 OP

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: _____		2 Serial/Patent # <u>10/527407</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing <i>Change entity</i>			\$ <u>515</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>515</u>	
		8 TO BE REFUNDED BY:	
		<input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <u>25--0120</u>	
9 REASON:			
<input checked="" type="checkbox"/> Overpayment			
<input type="checkbox"/> Duplicate Payment			
<input type="checkbox"/> No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>	
SIGNATURE: <u>Rita White</u>		PHONE: <u>7308-9140-xt 231</u>	
OFFICE: <u>DO/EO</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

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